

Exhibit D(1)
American Dream Downpayment Initiative

ADDI PROJECT SUMMARY

I. A. APPLICANT INFORMATION

Name _____

Current Address _____

City _____ State _____ Zip _____

Contact Person _____ Telephone No. _____

Federal ID or Social Security Number _____

B. HOUSEHOLD CHARACTERISTICS

(i) Number of Bedrooms (Check One):

_____ 0 Bedrooms _____ 3 Bedrooms
_____ 1 Bedroom _____ 4 Bedrooms
_____ 2 Bedrooms _____ 5 or more bedrooms

(ii) Monthly Gross Income of Household: \$ _____

(iii) Household Data:

(a) Race/Ethnicity of Head of Household (check one):

_____ White _____ Black/African American
_____ Asian _____ American Indian/Alaskan Native
_____ Hispanic _____ Native Hawaiian/Other Pacific Islander
_____ Asian & White _____ American Indian/Alaskan Native & White
_____ Other Multi-racial _____ Black/African American & White
_____ American Indian/Alaskan Native & Black/African American
_____ Asian/Pacific Islander

(b) Type of Household (check one):

_____ Single/Non-Elderly _____ Related/Two Parent
_____ Elderly _____ Other
_____ Related/Single Parent

(c) Number of members of Household*: _____

*Household includes all persons occupying the Residential Housing Unit.

C. FINANCIAL STRUCTURE OF PROJECT

Does Project Involve (Check One)

(1) _____ New Construction (2) _____ Acquisition Only

II. DESCRIPTION OF RESIDENCE TO BE PURCHASED:

A. Site Address: _____

City: _____ State: _____ ZIP: _____ Census Tract: _____

B. Residence Components:

Purchase Price of Residence \$ _____

TOTAL RESIDENCE COSTS: \$ _____

C. Number of Living Units: _____

D. If any unit is tenant occupied, specify name and phone number of tenant:

Name: _____

Phone: _____

E. Year Residence was Built: _____ If the residence was constructed prior to 1978, either (i) a visual assessment of the residence by a person trained to identify deteriorated paint must state in writing that the residence contains no lead-based paint hazards or (ii) if lead-based paint hazards have been identified, a Clearance Inspection Report by a certified risk assessor or clearance technician must state that all lead-based hazards have been eliminated.

III. APPRAISAL

A. Appraisal of residence

(i) Date of Appraisal _____

(ii) Appraised Value \$ _____

(iii) 203(b) Mortgage Limit \$ _____

(iv) Subtract (ii) from (iii): \$ _____ *

* The difference must be "0" or greater.

B. Appraisal performed by: _____

IV. COMPUTATION OF MINIMUM INCOME REQUIRED

Compute and enter Minimum Income from **Attachment I**

A. Minimum Income Requirement: \$ _____

B. Applicant's Income

(Must equal or exceed A): \$ _____

V. COMPUTATION OF HOUSEHOLD INCOME

Complete the Household Income Certification attached as **Attachment II**

Annual Income from **Attachment II - #7** \$ _____

PROJECT SUMMARY
(EXECUTION AT TIME OF LOAN APPLICATION)
(add additional signature lines if necessary)

Signed, sealed and delivered in the

Presence of _____,

On this _____ day of _____, 20_____.

_____ Notary Public	L.S.	_____ Mortgager
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_____ Notary Public	L.S.	_____ Mortgager
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_____ Notary Public	L.S.	_____ Mortgager
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(EXECUTION AT CLOSING)
(add additional signature lines if necessary)

Signed, sealed and delivered in the

Presence of _____,

On this _____ day of _____, 20_____.

_____ Notary Public	L.S.	_____ Mortgager
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_____ Notary Public	L.S.	_____ Mortgager
------------------------	------	--------------------

_____ Notary Public	L.S.	_____ Mortgager
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